

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488494		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2012		
Mailing Address 220 E Adams St Suite 200			Amount <span style="border: 1px solid black; padding: 2px;">16000.00</span>		
City Springfield State IL Zip Code 62701		Transaction ID : SE.4992			
Purpose of Expenditure Voter Telephone Contact		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JASON PLUMMER			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">232038.62</span>					
Full Name (Last, First, Middle Initial) of Payee <b>XPS Professional Services</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2012		
Mailing Address 220 E Adams St Suite 200			Amount <span style="border: 1px solid black; padding: 2px;">16000.00</span>		
City Springfield State IL Zip Code 62701		Transaction ID : SE.4993			
Purpose of Expenditure Voter Telephone Contact		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT T. SCHILLING			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;"> </span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">227701.22</span>					
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;">32000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Gregory Baise		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2012	